Attachment C

My name is Kate Brooks. I am joining the National Kidney Foundation and the kidney community in Colorado in support of HB 21-1171. Thank you to Senators Buckner and Hisey for introducing this important legislation.

I am the caregiver for my youngest daughter, Teagan. She was diagnosed with FSGS kidney disease at 3 years old. We were extremely fortunate in that Teagan was one of the 40% of patients who responded to initial treatment. A combination of several medications, including two immunosuppressants, finally worked enough for Teagan to reach “remission” and keep her kidney function stable. As is the case for many kidney disease patients, our short and long-term goal is to prevent any relapses and further deterioration of her kidneys.

She doesn’t know life not having a chronic illness; she knows she has a disease that she can’t pronounce and that it’s not fair to be different from other kids her age. But she also knows that the only hope for a healthier, more normal life (for her and for millions like her) depends solely on the advancement of kidney disease policy and better care. Because FSGS is known to sometimes attack transplanted kidneys, if she ever needs a transplant, she is likely to need more than the average kidney patient, meaning much more time hoping to receive a kidney from a deceased donor or living kidney donor.

For those who need a transplant, there is a great deal more than can be done. Once a patient is put on the transplant list, the average wait is 3 to 7 years. Contrast this with the average life expectancy of someone on dialysis which is 5 to 10 years. The numbers are sobering. For minorities, it is worse. For example, African Americans are only half as likely to undergo kidney transplantation, the optimal treatment for kidney failure, and 25% less likely to be waitlisted. Some of these problems can be addressed by simply improving patient education regarding getting on the waitlist and finding living organ donors. We can also improve how deceased donor kidneys are utilized. We can also be doing a great deal more to help educate Coloradans about becoming living kidney donors.

We also need to be doing a better job of addressing kidney disease awareness. Many patients could avoid having to get a transplant if they could be made aware of their condition early enough to slow, halt or even reverse their progression. Every person we can keep off the waitlist not only improves their quality of life, but also means a greater likelihood for someone on the waitlist to get their live saving transplant. Other patients could be provided enough time to seek a living organ donor and avoid dialysis by being aware of their diagnosis.

During my time as a kidney patient care partner and mother, I have seen many shortfalls and barriers that have significant impacts to how a kidney patient is diagnosed and treated and know there is much more that we could be doing for patients here in Colorado. We just need to create an opportunity to improve kidney policy, like the one this task force could provide if you create it. Please support HB21-1171.

Thank you,

Kate Brooks
Superior, CO

American Kidney Fund®

The Honorable Rhonda Fields
Senate Health & Human Services
200 E Colfax
Denver, CO 80203

May 24, 2021

Chair Fields, Vice Chair Ginal and Senate Health & Human Services Committee Members:

On behalf of all the people we serve in Colorado, I am writing to request your support for HB21-1171, the Kidney Disease Task Force. The task force would work to include the development of education, awareness and prevention strategies and programs – and the overarching goal of the task force is to produce public policy proposals to address kidney disease affecting Coloradans in a meaningful way.

The American Kidney Fund (AKF) is the nation's leading nonprofit organizations working on behalf of the 37 million Americans living with kidney disease, and the millions more at risk, with an unmatched scope of programs that support people wherever they are in their fight against kidney disease, from prevention through transplant. With programs that address early detection, disease management, financial assistance, clinical research, innovation and advocacy, no kidney organization impacts more lives than AKF. We are also one of the nation's top-rated nonprofits, investing 97 cents of every donated dollar in programs, AKF has also received the highest 4-Star rating from Charity Navigator for 19 consecutive years, as well as the Platinum Seal of Transparency from Guidestar.

Kidney disease is the fastest-growing non-contagious disease in the United States, with 14% of the population believed to have chronic kidney disease (CKD).[1] There are no symptoms of CKD in the early stages, but if a person does not receive treatment, CKD will progress to End Stage Renal Disease (ESRD). The only treatment for ESRD is dialysis or transplant, both life-altering and high-cost options. However, if diagnosed in its early stages CKD can often be slowed or stopped with medication, lifestyle, and diet changes. That is why we are so supportive of all efforts, both public and private to educate, prevent, detect, diagnose, and treat this disease.

The pandemic has significantly exacerbated the rising rates of kidney disease. In fact, as many as half of the patients with COVID-19 that go into the ICU are now experiencing kidney failure.[2] As a result, the demand for kidney disease treatment, including dialysis will continue to rise even once the pandemic passes. According to Dr. Steven Coca, associate professor of nephrology at Mount Sinai Health System "The next epidemic will be chronic kidney disease in the U.S. among those who recovered from the coronavirus. Since the start of the coronavirus pandemic, we have seen the highest rate of kidney failure in our lifetimes. It's a long-term health burden for patients, the medical community — and the U.S. economy."[3]

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[1] https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease

[2] https://www.asn-online.org/covid-19/ASN#Kidney_Week

[3] https://www.poynter.org/reporting-editing/2020/new-data-shows-covid-19-can-cause-kidney-failure-and-launch-a-different-kind-of-epidemic/

This task force will study the reasons for the rising incidence of kidney disease in the state and ways to prevent it. Even before the current pandemic, rates of kidney disease have been consistently rising across the country. But the current crisis has significantly increased the urgency to develop comprehensive solutions, specifically to address kidney disease.

For these reasons, we are hopeful for your support and stand ready to do whatever we can to help this legislation move forward.

Thank you again for your time and for your careful consideration of this important issue. If you have any questions, please feel free to contact me directly at any time.

Sincerely,

Lindsay Gill

Lindsay Gill
Associate Director of State Policy and Advocacy
(240) 292-7062 direct | (210) 860-7407 cell
lgill@kidneyfund.org

The Honorable Rhonda Fields
Senate Health & Human Services
200 E Colfax
Denver, CO 80203

May 24, 2021

Chair Fields, Vice Chair Ginal and House Health and Insurance Committee Members:

My name is Lexi Lake from Fort Collins, I am an ambassador for the American Kidney Fund, and I testify before you today in support of HB 1171, the Kidney Disease Task Force. It is very important that we have this task force because we desperately need to address the dangerous rise of kidney disease in our state and remedy it. Let's join together to find solutions.

My father suffered greatly from kidney disease and was in dire need of a transplant. Luckily my mother got tested and she was a match. But because her blood type is O- which is highly sought after they did a paired donation, so my father got someone else's kidney, and a stranger got my mother's. Not everyone will be able to have such luck.

Currently there are 8,292 Coloradoans with chronic kidney disease (CKD), nearly 5,000 are on dialysis while 3,300 have transplants. It is important to note that transplants are not a cure for kidney disease, just a treatment. Transplants can last 15-20 years but eventually they will fail and a new one is needed. Last year, there were 1,358 people on our state's transplant waitlist and only 356 got a transplant. While that is a great number and those 356 get a new lease on life, we as Coloradoans need to come together and work to stop people from getting kidney disease in the first place.

Colorado has a well-earned reputation for limitless natural beauty and outdoor activities. U.S. News and World Report recently ranked us as the 8th healthiest state in the country. While we have a lot to be proud of, let's not let these accolades mask a real problem we have. A quarter of Coloradoans are obese and 25 percent of our family, friends, and neighbors have high blood pressure. Additionally, 7 percent of us have diabetes.

CKD is a serious national public health problem. While the prevalence of early stages of CKD is similar across different racial/ethnic and socioeconomic groups, the prevalence of end-stage renal disease, or ESRD is overrepresented in communities of color. Patients receiving dialysis in areas that are largely populated by African American, low-income or people with lower educational attainment are less likely to have received pre-dialysis care from a nephrologist.

With the creation of a task force, we could begin to address the high prevalence of CKD and disparities by expanding patient education and awareness coupled with increased preventative treatment. We have a real opportunity here to slow the progression of CKD and empower patients to be more active in maintaining their health.

Thank you very much for your time today and I would be more than happy to assist this committee, and hopefully a future task force, in any way I can.

Sincerely,
Lexi Lake

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National
Kidney
Foundation®

May 19, 2021

The Honorable Rhonda Fields
Chair
State Senate Health and Human Services Committee
200 E Colfax
Denver, CO 8020

Dear Chair Fields,

The National Kidney Foundation respectfully thanks you for your consideration of and requests your support for HB21-1171, establishing a Colorado Kidney Disease Prevention and Education Task Force.

Chronic Kidney Disease (CKD) is an under-recognized public health crisis affecting 37 million adults in the U.S. Astonishingly, over 90% do not know they have it. A full third of the U.S. population is at risk for this disease. Currently, 45,000 Coloradoans on Medicare are diagnosed with CKD, with nearly 3,600 on dialysis. While more than 350 patients received a kidney transplant in 2020, 545 were added and there are currently nearly 1,350 people on the waitlist to receive a lifesaving transplant.[1]

We can improve the treatment of kidney patients and ultimately improve their quality of life by addressing social and medical aspects of kidney disease, including early detection and awareness, organ donation and transplantation, and the existing health disparities. The creation of a kidney disease task force will begin to address these issues by identifying policy recommendations and helping implement programmatic changes across the state.

Kidney disease is the ninth leading cause of death in the U.S. and is growing in prevalence. The two main causes of CKD are diabetes and high blood pressure, the primary diagnosis in 75% of kidney failure cases. The risk of developing end stage kidney disease (ESKD) among African Americans is almost four times higher than Caucasians. Hispanics are 30% more likely to receive a diagnosis of kidney failure. Asians and Native Americans also have a higher prevalence of CKD. Furthermore, children with ESKD are 30 times more likely to die prematurely than healthy children.

CKD costs the Medicare program nearly $120 billion annually, not including costs to Medicaid and private healthcare. While CKD is recognized for the costs associated with progression to kidney failure and dialysis, unrecognized CKD has significant impact on outcomes and healthcare utilization, beginning with the earliest stages. Through patient education and early detection of CKD prior to kidney failure, we can slow or stop progression through changes to diet, exercise, medications, lifestyle changes, and effectively treating risk factors like diabetes and hypertension. Additionally, a kidney transplant not only offers the healthcare system significant savings, but also drastically improve a patient’s quality of life.

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[1] Organ Procurement and Transplant Network (OPTN) and U.S. Renal Data System (USRDS) (2020)

Please support the creation of a CKD task force to address barriers to treatments and improve the quality of lives of kidney patients, while at the same time reducing the cost of CKD and kidney failure to the health care system. The National Kidney Foundation respectfully requests your support for HB21-1171.

Sincerely,

Kendra Burrell

Kendra Burrell
Executive Director
National Kidney Foundation Serving Colorado, New Mexico, Montana, and Wyoming

CC: Members of the Colorado Senate Health and Human Services Committee

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[1] Organ Procurement and Transplant Network (OPTN) and U.S. Renal Data System (USRDS) (2020)